

VOLUNTARY MOTHERHOOD

*A Study of
The Physiology and Hygiene of
Prevention of Conception*

*By A Woman Physician
with Twenty Years' Experience*



Price 50 cents

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VOLUNTARY MOTHERHOOD

BY WAY OF INTRODUCTION

Birth Control and Voluntary Parenthood are popular terms for prevention of conception. Many people confuse abortion with prevention of conception. This is due to a lack of understanding of what conception really means. To prevent conception means to use methods which will interfere with the fertilization of the ovum (egg) or, in other words with the formation of the embryo, which develops into the baby. Abortion implies the destruction of the embryo already formed. Knowledge of Birth Control is the best method of lowering the number of abortions.

As a physician I consider the study of contraceptive methods and their application a branch of medical science which should be taught in medical colleges. Physicians and nurses who know the anatomy of the sexual organs and the hygiene of sex should be the ones to instruct women and men as to the best methods available. In some cases of kidney trouble and heart disease, serious illness and even death may be prevented by contraceptive means. Nevertheless the majority of physicians of our country are not only indifferent but actually hostile to Birth Control and refuse to give any information concerning it.

The Birth Control movement is not the result of artificial agitation; it is forced upon the minds of women and men by existing conditions and, therefore, neither the prejudices of physicians nor suppression by law will be able to do away with it. While in most practical applications of medicine in the prevention of disease the physician must influence the masses, in Birth Control the masses slowly but surely are influencing the medical profession. More and more physicians are becoming converted to the idea of Birth Control, but the great drawback for many of them consists in the fact that

they do not know where to get reliable information on the problem, which up to date has been left almost entirely in the hands of the laity.

Voluntary parenthood is no panacea for all human evils; it will solve neither the problem of poverty nor of war as claimed by some neo-Malthusian enthusiasts. But it has a wide scope of influence and is especially of momentous significance in the life of woman. Woman can never obtain real independence *unless her functions of procreation are under her own control*. The woman married to a worker finds in Voluntary Parenthood the same source of leisure and economic relief that her husband receives through his labor union. To her Voluntary Parenthood means the eight or six-hour day, instead of the twelve or sixteen-hour day, which the mother of many children is bound to endure. The professional woman through Voluntary Parenthood is enabled to combine her professional work with marriage. Ellen Key points out that every professional woman has the serious question before her: marriage or independence. Voluntary Parenthood permits her to combine both.

Many more important changes will be brought about by the application of Voluntary Parenthood principles. A few of them can be enumerated without going into detail:

Prevention of conception does away with abortions.

It permits early marriages.

It lightens the burden of motherhood and gives mothers some leisure for self-culture.

It brings about happier sex relations.

It preserves woman's health and prevents her aging prematurely.

It leads to an improvement of the race.

Having had about twenty years of experience in prevention of conception, I feel it my duty to share this experience with others, especially with the medical profession. The nightmare of undesirable parenthood must be destroyed. If this little pamphlet will help to pave the way in that direction my desire will have been attained.

THE KNOWLEDGE OF ANATOMY NECESSARY FOR
THIS DISCUSSION

(Physicians, nurses, and medical students may omit this section.)

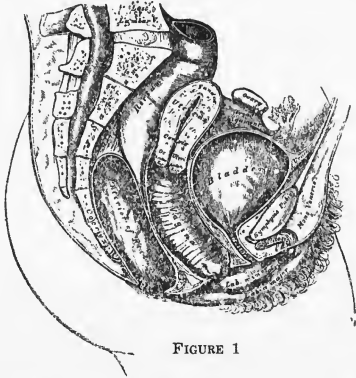


FIGURE 1

The average woman and man are surprisingly ignorant of the functions of their own bodies, especially their sexual organs. They have hardly any idea of what "conception" really means. They have therefore some very curious notions regarding prevention of conception. For example, many of my patients are sure that urinating after coitus is a good method of prevention; others believe that the woman can prevent conception by refusing to respond to the passion of the man. (Perhaps this causes the frigidity of which men complain so bitterly). Again some imagine that medicines taken by mouth can prevent conception.

The right application of contraceptive methods presupposes a clear understanding of the nature of conception. I therefore find it necessary to give briefly a description of woman's sexual organs and the process of conception.

The external part of woman's reproductive organs is known as the *vulva*. It surrounds and protects the entrance to the *vagina*. The vulva comprises the large and small *labia* and the *clitoris*, the opening into the bladder and the vagina. (See Figure 1.)

The vagina is the canal that forms the passageway between the external and internal sex organs, between the vulva and the *uterus* (womb). It serves also for the purpose of *copulation* (the sexual act). The *penis* (male organ) enters the vagina during *coitus*, and *ejaculation* of the *seminal fluid* takes place into the vagina. The vagina is directed downward and backward. In virgins the vaginal opening is narrowed (not covered) by a mucous membrane, called the *hymen*.

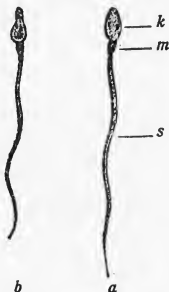
The uterus is a small muscular bag consisting of the *cervix* (neck) and body. It measures three and a half inches including the cervix which is a quarter of an inch long. In breadth it is about two inches. The cervix is the part of the uterus which enters the vagina and can be easily felt as it projects into it. The opening in the cervix leads into the cavity of the uterus. This opening is very narrow. The uterus is not a closed bag; it has openings at both sides at its upper, broader end. These openings are connected with the *tubes*, two narrow canals leading to the ovaries. Each tube is about five or six inches long. The outer extremity of the tube is trumpet-shaped and surrounds the ovary. The ovaries are almond-shaped glands. They are the most important part of the sexual mechanism, for in them is found the *ovum* (egg). The ovum is the microscopically small cell that contains all the physical and spiritual characteristics which the mother contributes to the child.

The ovary discharges the ovum into the tube and from there the ovum is pushed into the uterus. A discussion of the forces bringing about these movements would lead us into too many details. The ovum is one of the two parts necessary for conception. The other part is the *semen* or *spermatozoa* (seeds) of man. The seminal fluid of man, which is created mainly in the *testicles* and ejaculated during the sexual act

into the vagina, consists of millions of microscopically small cells (spermatozoa). The spermatozoa are little cells built for motion. The front part of the cell looks like a little head, while the back is formed like a little tail. (See Figure 2.)

The spermatozoon deposited in the vagina moves toward the cervix, enters the opening of the cervix and through the canal of the cervix enters the uterus, and from there enters the tube. (The spermatozoon moves half an inch during one minute.) The uterus probably helps the spermatozoon along by its contractions during sexual excitement. It draws the seminal fluid up into itself by contracting and relaxing its walls like a rubber ball.

FIGURE 2



SPERMATOOZON (as seen under microscope)

The union of these two cells, ovum and spermatozoon is called *impregnation* or *conception*. It usually takes place in the tube, sometimes in the uterus. The new formed cell, the product of this union settles down in the uterus and forms the *embryo* which later develops into the baby. The ovum is the carrier of the mother's hereditary qualities, the spermatozoon, the carrier of the father's characteristics.

HOW TO JUDGE THE VALUE OF A BIRTH CONTROL METHOD

The important thing for us to remember is the fact that *conception takes place in the uterus or tube. The spermatozoa must enter the uterus for the purpose of conception.* To prevent conception, the problem is *how to prevent the entrance of the spermatozoon into the uterus.*

This prevention of conception, or prevention of the entrance of the spermatozoa into the uterus, must be brought about in such a way that the health of the man and the woman should not suffer. Nor should it interfere with the normal sexual relationship, as such interference is likely to cause nervous disturbances very injurious to health. Naturally, contraceptive measures must be simple enough to be used by a person of average intelligence and should not be so complicated as to necessitate many preparations. Many authorities on sex hygiene think that the seminal fluid is absorbed by the mucous membrane of the vagina and that this absorption stimulates woman's health. This has to be considered in the choice of method.

I would say then that a good contraceptive method should comply with the following conditions:

1. It must prevent the entrance of the spermatozoon into the uterus—in other words, *it must be safe (sure).*
2. It must not interfere with the course of normal sex relations.
3. It must not affect health detrimentally.
4. It must be simple enough to be used by the average person.
5. It should, if possible, allow for absorption of the seminal fluid by the walls of the vagina. (Evidence for this not conclusive).

CLASSIFICATION OF BIRTH CONTROL METHODS

I shall divide these methods into two groups:

1. Methods used by men.

2. Methods used by women.

a. Chemical methods. b. Mechanical methods.

In discussing these I shall lay stress on the conditions mentioned above; namely, health, security, simplicity, and normality. And since security is, next to health, the most important, I shall review all methods in a summary dividing them into three groups:

1. Reliable.
2. Partially reliable.
3. Unreliable.

An original feature of my discussion is that special stress is placed on certain combinations; in fact it will be seen that *combinations* are the only completely reliable methods.

Description in full of the use of methods which are unreliable or only partially reliable is included in this pamphlet for two reasons. First, if I do not mention these, some readers may consider them reliable methods of which I have not heard. Secondly, it is well to realize that under certain circumstances emotion is more powerful than reason and that on these occasions a poor method of prevention is better than none.

METHODS USED BY MAN

The methods used by most men are *coitus interruptus* (withdrawing of the male organ); and *condoms* (safes).

COITUS INTERRUPTUS

The male organ (*penis*) is withdrawn from the vagina just before ejaculation of the seminal fluid. This method is neither safe nor healthy; it tends to wreck the nervous system of the man and of the woman, and does not give complete satisfaction to either. Investigation has proved that a leakage of seminal fluid containing spermatozoa takes place previous to ejaculation. Thus, even if the man withdraws before ejaculation, impregnation can take place. In addition to this, the majority of men do not have the self-control to interrupt the sexual act at the very height of their passion. The average man unknowingly leaves a part of the seminal fluid near the entrance to the vagina in the vulva. From this point the spermatazoa can make their way deeper into the vagina, up through the cervix into the uterus, since they can move about an inch in two minutes, and also can live for several days. This possibility is easily demonstrated by the fact that *virgins can conceive*. Women positively pregnant often present an intact hymen. In these cases, since the penis could not enter the vagina, we have evidence of the ability of the sperm to travel from the hymen up into the uterus.

Some physicians claim that men can attain full control of themselves after a certain time. This neglects the fact that there is leakage of seminal fluid and also presents the question: How many children will be born before this ability is reached?

In my practice I have found many cases where *coitus interruptus* seemed effective. Invariably I learned that the seeming efficacy was due to a peculiar construction of the sexual organs of the woman which made conception difficult. Whenever a patient tells me that her husband succeeded in warding off pregnancy for several years by *coitus interruptus*,

I am sure to find either a narrow opening of the cervix or a displaced uterus, or some inflammatory condition of the uterus, if not sterility in the man. The woman in these cases is aided more by her own partial sterility than by this method of Birth Control. But in cases where woman's sex organs are in normal condition this method is absolutely unreliable.

The only commendable point in this method would seem to be its simplicity. The average woman brought up in aversion to the sex act, does not realize the importance of normal sex relations for herself and husband, and is very much inclined to leave the full care of prevention to the man. The patient who tells me that she does not care for sex relations, says also, "Let him take care; as for me I do not need it anyway." Probably she does not have any sex desire just because of the abnormality of such relation, and no doubt also because of the overpowering fear of undesired motherhood.

I consider coitus interruptus *unsafe, abnormal, and unhealthy* and would advise its use only in exceptional circumstances and then only in combination with other methods, such as douching or the introduction of chemical pastes, of which I will speak later.

CONDOMS

A professor in a German clinic said about condoms, "From the point of view of prevention a condom is as thin as cobweb, but from the point of view of the joy of the sexual act it is as thick as the wall of a fortress." This statement is not an exaggeration. Condoms tear, leak and slip off. Absolute safety can be attained only if the condom is combined with the use of a paste.

Condoms are made of rubber and skin (beetleskin or fishskin so-called). It is best to use the rubber condom only once. Lubricate it with glycerine or vaseline before using. Beetleskins are stronger and can be used again. Wet it from both sides before using. They must be kept in water or still better, diluted alcohol. Before using the condom it should be tested

with air or water to see if it contains a hole. Space should be left at the lower end for the seminal discharge.

Condoms are sold at every drug store and are marked: "For Prevention of Infection." Such is our hypocrisy. The man buying a condom silently admits either that he or his wife is diseased or that he intends to use it with a prostitute. He is not supposed to use it for prevention of conception.

I do not recommend the condom. First, it is a highly disagreeable method. Few men and women can enjoy sex relations with this foreign body present. Secondly it is unsafe in the sense that one never can tell when it will fail. As far as simplicity is concerned objections cannot be raised by the woman, but it is neither safe, nor normal.

I can hear some readers saying at this point, "They have never broken in our experience." My answer is that my practise shows that married women are apt to have as many pregnancies in a given number of years with the use of condoms as without.

Safety is insured only when the condom is supplemented by other methods. Douching is unsatisfactory in this case, for during the time consumed in preparing the douche, the spermatozoa released through a tear in the condom may enter the uterus. In coitus interruptus the woman has the assurance that the spermatozoa are not deep in the vagina, an assurance which she cannot have in the case of a torn condom. The other supplementary means used with the condom must be other than douching. The best supplementary is a chemical paste inserted in the vagina before coitus to destroy any liberated spermatozoa. Some men urged by their wives whose fear of an undesirable baby takes away all sex desire, use even two condoms at once. I know quite a few families who have followed this method for years. It is hardly necessary to state that sex relations under such conditions are absolutely abnormal and can satisfy neither husband nor wife.

I draw the conclusion, then, that both methods, coitus interruptus and condoms, are unsatisfactory. If either method is used supplementary precautions must be taken.

METHODS USED BY WOMEN

As I have said the methods used by women are to be divided into

- (a) Chemicals introduced into the vagina.
- (b) Mechanical appliances introduced into the vagina.

THE CHEMICAL METHODS

These in turn are to be divided:

1. Douching. 2. Suppositories. 3. Tablets. 4. Paste.

DOUCHING WITH ANTISEPTICS IMMEDIATELY AFTER COITUS

The fountain syringe of two or three quarts capacity is best for this purpose. The bag should be filled with warm water and an antiseptic added and stirred in thoroly.

Douches can be taken in a sitting position. The vaginal nozzle should be introduced into the vagina, and moved around, so that the water reaches all parts. Douching with cold water is not advisable. The advantage that time and work are saved by its use is counterbalanced by the fact that the vagina contracts and may keep in its folds some of the semen, which will thus not be exposed to the effects of the solution. Cold douches are also undesirable in that the sudden cooling off of congested organs can be harmful.

Solutions to be used:

1. Boric Acid—half a teaspoon to 2 quarts of water.
2. Lysol—half a teaspoon to 2 quarts of water.
3. Creolin—half a teaspoon to 2 quarts of water.
4. Sulpho-Naphthol—half a teaspoon to 2 quarts of water.
5. Vinegar—1 glass to 2 quarts of water. Wash out with one quart of clean water afterwards.

Do not use salt solution. It may support the life of the spermatozoa. For the same reason Sodium Bicarbonate, and other *alkaline* solutions must not be used. These are very good for other purposes but not for Birth Control. Plain

water can not be relied upon, but in the absence of antiseptics, water is better than nothing. Of all mentioned solutions Boric Acid is the one to be preferred: it is mild and efficient.

The much advertised whirling spray—a large, heavy rubber ball from which solution is squeezed by hand through a nozzle into the vagina is not reliable, since it holds an insufficient quantity of solution. It may be effective if strong antiseptics are used for the purpose of destroying the spermatozoa without washing them out, but strong antiseptics are harmful to the vaginal mucous membrane, and may produce poisoning. Besides, the fluid may not reach the spermatozoa hidden in the folds of the vagina as the force of the flow is not as strong as from the regulation douche bag.

Some advise use of douching before coitus. This contradicts the condition of simplicity and normality, for too much preparation interferes with sex relations. It also washes out the normal mucous present in the vagina, thus bringing about an abnormally dry state of the vaginal walls. Finally, the ejaculation may project the seminal fluid directly into the cervix where the thin liquid coat of antiseptic solution could hardly secure prevention.

Many women claim perfect success with douching, for the same reason that others claim success in preventing conception with coitus interruptus. In these cases obstruction is usually found, such as displacement of the womb, which by itself gives considerable security. In a normal woman, however, douching will not serve the purpose.

This method is absolutely unreliable. The spermatozoa can enter the womb during coitus or while the douche is being prepared. Douching by itself is, therefore, not to be recommended, but in combination with other means (described later) it is helpful.

SUPPOSITORIES, TABLETS, AND PASTES.

The basic idea of this prevention is the introduction of chemicals into the vagina. These chemicals are intended for the destruction of the spermatozoa without injuring the

mucous membrane of the vagina, or affecting the health through absorption.

Chemicals used are:

Quinine—5 to 15 grains to an ounce of paste or cocoa butter.

Boric Acid—3 to 4 percent solution.

Salicylic Acid—1 to 2 percent solution.

Formaldehyde—1 to 1000 or $\frac{1}{4}$ teaspoonful to a quart.

Chinosol—2 grains to an ounce.

Corrosive Sublimate—1 to 5000, 1 tablet to 2 qts. of water.

Corrosive Sublimate ought not be used, since it is easily absorbed and works as an accumulative poison in the human body.

These chemicals introduced deep into the vagina near the cervix before intercourse, mix with the so-called “seminal lake”, the accumulation of the ejaculated semen, and by their chemical action destroy the life of the spermatozoa. They must be introduced before coitus so that the seminal fluid gets in contact with them before reaching the cervix. Their work is futile if the penis comes directly in contact with the cervix and ejaculation takes place directly into the uterus.

1. *Suppositories.*

Chemicals mixed with cocoa butter or boro-glycerine are made up in egg shaped or globular form. Suppositories made of cocoa butter require at least 7 minutes to melt in the vagina, those of boro-glycerine at least 20 minutes. Unless they are melted, they are ineffective.

The price of suppositories is from \$1.00 to \$1.50 per dozen. They can be ordered in almost any drug store.

I have used the following forms:

Quinine Sulph. grain two.

Boric Acid grain two.

Cocoa Butter drachm one.

This makes one vaginal suppository.

Chinosol, grain $\frac{1}{4}$.

Boric Acid, grain two.

Cocoa Butter, drachm one.

This makes one vaginal suppository.

The suppository is inserted deep into the vagina so that

the finger can hardly feel it. The body heat melts it, and the chemicals destroy the spermatozoa. Also the cocoa butter acts as a mechanical barrier, blocking the opening into the womb. Unfortunately it takes quite a time to bring about the melting, and then the woman can never be certain that this has taken place.

The few available reliable statistics show poor results following the use of suppositories. One explanation of this is that the chemical contained in the cocoa butter is coated by this fat so that very little actually comes in contact with the spermatozoa.

2. *The Antiseptic Paste.*

This is squeezed from the tube into the vaginal nozzle and from there into the vagina by the turn of the key at the end of the tube. It has many advantages over the suppositories.

It is soft and melts at once. It is introduced easier and deeper, because the majority of women can manage a vaginal nozzle better than their finger. It consists mainly of glycerine and some vegetable gelatin and is therefore less disagreeable than cocoa butter suppositories, which form a fatty mixture.

Since it is water soluble, the chemical action of the antiseptics upon the spermatozoa takes place at once, whereas, in the case of the cocoa-butter, the fatty consistency interferes with the action of the chemicals, allowing only part of the chemical to act, and then only slowly.



Photograph of a tube reduced $\frac{1}{4}$ in size.

DIRECTIONS FOR USE

Screw nozzle on tube, then turn key until nozzle is full to tip; insert two-thirds length, and turn key half way around. This assures the amount necessary for treatment. Then withdraw nozzle and plug it with stopper. The tube contains about twenty applications. The application is best made at night before retiring, followed by syringing with warm water the next morning.

Antiseptic paste and tubes supplied with nozzles are at present sold in the United States for the treatment of leucorrhœa. These pastes incidentally contain all the ingredients necessary for a good preventive. There are many preparations on the market, which retail for from two to three dollars per tube.

The tubes contain about one-half a glassful of paste, each turn of the key injects about three-quarters of a teaspoonful. Thus each tube contains about twenty applications. You can insist that your druggist obtain these tubes for you.

Dr. D. Bocker in her booklet "Birth Control Methods" published for physicians only by the Birth Control Clinical Research recommends the following pastes: PreKonSol, Leucorrhol, Patentex, and Mirakel.

3. *Tablets.*

Tablets are chemicals compressed in tablet form. Often effervescent chemicals are added for the purpose of spreading the chemicals more thoroughly into all parts of the vagina. The tablets contain the chemicals in condensed form and therefore when inserted and coming in touch with the lower sensitive part of the vagina they cause a distinct pain or smarting. This pain is the main objection against the use of tablets. Some tablets, largely advertised, do not contain chemicals strong enough to do the work, and can therefore not be relied upon.

A general objection to the use of chemicals alone is the fact that if the male organ is directly in contact with the entrance of the uterus the spermatozoa may be thrown into the uterus without giving the chemicals a chance to act on them.

MECHANICAL MEANS

The main aim of the mechanical means is to close the opening of the uterus, in other words the spermatozoa are not killed but are prevented from going deeper than the vagina.

I divide the mechanical means into

1. Sponges
2. Rubber pessaries covering the cervix.
 - a. French
 - b. Mensinga
 - c. Ramses
 - d. Flat
 - e. Pro-race
 - f. Mizpah
3. Devices inserted into the cervix.

SPONGES

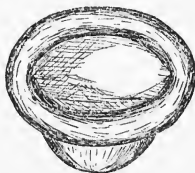
The first thing that would come to one's mind is a sponge or a piece of cotton placed into the vagina in front of the cervix. Pieces of cotton, sponges, or gauze soaked in an anti-septic solution are used for this purpose. If one looks at the picture presenting the relation of the uterus and vagina, one can see how easily the erect penis can push such a sponge away from the cervix into the back part of the vagina. This leaves the entrance into the cervix unprotected with consequent possibility of impregnation.

Very few use this method since it gives unsatisfactory results.

RUBBER PESSARY

The pessary is a small cap made of rubber. It is adjusted over the neck of the uterus. The neck enters into the deep

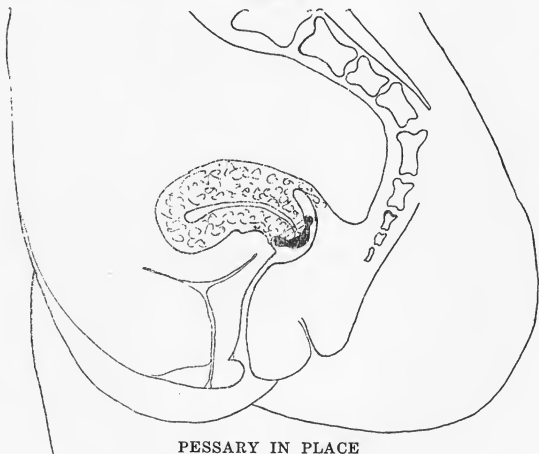
FIGURE 3



FRENCH PESSARY

opening of the cap in such a way that it is wholly covered by the pessary (see illustration). The border or rim must fit firmly around the neck of the uterus, while the cap may hang loosely. The rim of the pessary fills out the space between the cervix and the walls of the vagina. The cap does not fit like a glove, as many imagine. I speak of this because women seem to pay attention to the fact that the thin part of the pessary is wrinkled after being placed over the neck. If the upper rim of the pessary fits well, the pessary is in place.

FIGURE 4



PESSARY IN PLACE

This cap can be adjusted some time before coitus. It must fit firmly between the cervix and surrounding walls so that it cannot be displaced by pressure. The spermatozoa cannot then enter the cervix during coitus, because its opening is covered. After intercourse, the sooner the better, (altho one can wait until morning) the spermatozoa must be washed out

of the vagina with an antiseptic douche, and then the cap can be removed, or the semen must be destroyed by the immediate injection of a paste. (For pessary in place see Figure 4.)

It is obvious that if the pessary is removed without the spermatozoa being killed, they will work their way up into the uterus, and the pessary will have been used in vain.

There are various sizes of pessaries, since women are very differently built. Even the same woman needs a change in size at different periods of her life, for instance, before and after child birth. Such pessaries should, therefore, be fitted by physicians or nurses. After once being fitted, any woman can learn in fifteen to twenty minutes how to put in such a cap and remove it.

I consider this method most effective and recommend it highly. It is very simple; if once taught, any woman can use it.

When using a pessary, the douching can be delayed for several hours if the pessary fits well.

The pessary is not injurious and does not irritate the cervix, because it is worn only for a short time, during coitus or over night.

My patients who have used it for fifteen to twenty years have been examined by me repeatedly and have shown no irritation or inflammation. It does not interfere with the normal condition of coitus for usually neither the man or woman is conscious of its presence. In about one thousand patients I find one woman who claims that the pessary interferes with her sexual joy. (The man can feel it only when the uterus is very low.)

It is safe, because it gives the spermatozoa no chance to enter the uterus.

Unfortunately this excellent method cannot be used when the perineum is torn and the vagina is too loose.

Many physicians do not think that women are capable of introducing the pessary without aid. I find that it is very easy to instruct the average women to do so. If she understands

the relation of the cervix and vagina (and she can learn it by examining herself) then she grasps very quickly the idea of covering the cervix. Of course, virgins cannot use this method, for the hymen does not allow the insertion of the pessary.

I am often asked whether the pessary can be worn steadily. I do not advise it, because the pessary covers the cervix and prevents the escape of the normal discharge of the uterus. Again the pessary may slip during exercise or bowel movement. As the pessary is so easily adjusted by the average woman it should be inserted whenever needed. If the pessary is inserted every night before retiring as a regular part of woman's toilette whether intercourse is expected or not there is no disagreeable interruption either physically or mentally in the love embrace.

To understand how to insert the pessary a woman must first get acquainted with her own body. The average woman thinks with disgust of her sexual organs; she has been brought up with such ideas. Such aversion based on the old, wrong conception that everything connected with sex is low and vile must be overcome. The normal vagina is as clean as the mouth. (If you look at the diagram you will note that the bladder empties through a separate opening). A woman can best examine herself in a squatting position by inserting the first finger of her right hand frontwise into the vagina. The finger must be inserted full length, directed downward, inward and backward. Then it will strike (way back and down) the cervix, a round, smooth little body, the size of a thumb, with an opening in the middle (entrance into the uterus). In normal cases the cervix points backward and the woman will feel only the smooth surface of its front part. This is the only projection in the vagina, which is otherwise like a soft bag, the walls closing tightly over the finger. (See Figure 5.)

The pessary is folded with the rim upward and introduced into the vagina. After it is pushed through the narrow entrance of the vagina, it opens; then it is pushed back, in, and down. One must push firmly for the walls of the vagina close

tightly and the pressure of the walls must be overcome. The pessary must be pushed as far back as it goes, about a finger's length from the entrance. It slips over the neck of the womb. It is necessary to feel the bulging cervix through the thin rubber tissue of the dome. If the vagina is dry it is desirable to lubricate it with a touch of K-Y jelly, glycerine, vaseline or paste. Do not put any lubricant upon the pessary itself; it is difficult to handle when slippery.

FIGURE 5



After coitus, douching may be postponed until morning, unless the woman has to move her bowels. If an antiseptic paste is used immediately after coitus, the douching can be postponed until morning, or if one does not object to the presence of the paste douching can be dispensed with.

After coitus, never remove the pessary before douching or applying paste. Douche first, then remove the pessary and use part of the douche after the removal. Always wash the

vulva and external genitals while douching. If paste is used instead of douching do not remove the pessary for two hours.

The removal of the pessary does not present difficulties if one learns to hook the finger onto the front rim of the pessary. For this purpose the finger must be introduced sideways. If the removal is difficult the woman can use a pessary with a *string* (Mizpah). Women often express fear of pushing the pessary too deep or losing it. The diagram of the uterus and vagina shows clearly that the vagina is a closed bag and that the only opening leading from it has the size of a pinhole. Sometimes women think that their fingers are too short to reach the cervix. This is the usual complaint. But this is only lack of experience.

The best procedure with pessaries is as follows: Put a small amount of paste about the size of a bean into the dome of the pessary before placing it in position. This prevents any spermatozoa from getting in around the edges and working its way up into the cervix. Then, as convenience dictates, paste can be placed in the vagina after intercourse to destroy the spermatozoa there, or a douche can be taken the next morning. The paste placed within the pessary is effective particularly in cases where the pessary works loose.

After removing the pessary wash it in warm or cold water, dry well and powder it before placing into a box. Any baby powder can be used for this purpose. Do not boil it if it has a rim inflated with air because the rim will collapse. Boiling is not necessary as the antiseptic fluid or paste keeps it clean. The average pessary ought to keep from one to two years.

DIFFERENT TYPES OF PESSARY

The French Pessary is most easily obtainable in our country and in my opinion meets all conditions of safety and simplicity discussed above. It has a soft rim of rubber inflated with air, its cup is made of good strong rubber (the thin rubber usually offered in drug stores is to be avoided as unsatisfactory and unsafe). The full rim of the French pessary fills out the space around the neck of the uterus so

that the pessary instead of hanging on the neck (as many believe) really is tucked in safely between the cervix and the surrounding walls. This pessary is priced from \$1.50 to \$3 and is obtainable in almost all drug stores. It lasts from six months to two years. Its rim is the first part to give way, by collapsing. But this drawback finds its recompense in the softness and fullness of the rim. I have used this type of pessary for twenty years and found it very satisfactory. There are, however, certain cases where on account of changes in the form of the cervix or the looseness of vaginal walls other types must be used. Every woman must again be reminded that the selection of a pessary is really the work of a physician and the woman should depend on her own judgment only in case she cannot obtain the advice of a physician or nurse.

The Mensinga Pessary consists of a heavy circular wire covered with rubber and a soft rubber cap attached to it. It was designed by Dr. Mensinga of Holland and used there for many years. Its use is different from that of the French pessary. It has a larger circumference and divides the vagina into two parts, shutting off the cervix from the lower part. Its use is recommended by those physicians who consider the average woman so ignorant that she cannot find the cervix of the uterus and has only sense enough to push in a pessary which will block the cervix without fitting over it as does the French pessary. With this view I cannot agree. My patients—women of the working class of all nationalities—Russian, Jewish, Polish, Irish, Italian and native American, proved intelligent enough to learn the use of the French pessary. I encountered difficulty only when dealing with heavy fat women. In these cases the use of the Mensinga pessary is undoubtedly more appropriate.

The Ramses—a German pessary having a wire spring in its rim and a cap of transparent soft rubber. The larger sizes can be used like the Mensinga and the smaller sizes like the French pessary. I do not use the larger sizes, because I found the rim too pliable and on this account easily displaced. The smaller sizes are employed in cases where the vagina is

very tight and leaves only little space for the rim of the pessary. Moreover, the soft rubber is of advantage, as it is less likely to be felt. A pessary of this type is now made in the United States.

The Flat Pessary has the shape of a shallow saucer, the rim and cap being made of a single piece of heavy rubber. This pessary can last for years, but it fits only in special cases and cannot therefore be recommended for general use.

The Pro-Race Pessary introduced by Dr. Stopes of England has the shape of the French pessary. The rim is made of solid rubber and the cap is rather long for the average cervix of the uterus. It has a rubber attachment for removal (a small rubber loop) which is serviceable in cases where a woman cannot be taught to remove the pessary by simply hooking her finger around the rim. This attachment is clumsy and can be felt by the husband, but can be cut off when a woman does not find it necessary. The solid rubber rim is of advantage in narrow vaginas, but cannot take the place of the air-inflated soft rim of the French pessary in cases where the vagina is loose. This pessary is not obtainable as yet in the United States, but is used widely in England and Canada.

The Mizpah is a pessary universally offered in all drug stores in the United States. It consists of a solid rubber ring with a depression all around it over which a loose soft rubber cap can be fitted and tied on with a string. The string is also used to remove the whole pessary from the vagina. The pessary is heavy, and the rubber cap can fall off during coitus. This pessary is cumbersome, ill-constructed, and over-complicated. Its use is undesirable.

NOTE.—Both the Mensinga and Ramses pessaries (so-called vaginal pessaries) are highly recommended by physicians of England, Holland and of the United States. With all respect to such authorities I insist that my twenty-one years' experience with the French pessary has given equally excellent results, in fact less than two per cent failures. From 1920 to 1925 I have instructed 617 patients in its use and not a single case has been brought to my attention of its causing nausea and headaches, which it is claimed the pessary causes. On the other hand there are objections against the use of so-called vaginal

DEVICES INSERTED INTO THE NECK OF THE UTERUS

1. Gold or aluminum button.
2. Wire pessary.
3. Gold spring pessary (wishbone). (See Figure 6.)

The gold or aluminum button and the wire pessary are not used now as much as formerly. This is because they were made so short that they could slip out of the neck of the uterus without the woman being aware of it. Therefore they have gradually been displaced by the gold spring pessary (see figure).

FIGURE 6



pessaries. First, the contact between the penis and vaginal walls is less than when the French (or Pro-Race) pessary is used—this does not conform with the demand of normalcy. Secondly, the introduction of the pessary presents as many difficulties as that of the French (or Pro-Race) for if the woman has no clear conception of the position of the cervix she can misplace the Ramses or the Mensinga much easier than the French or Pro-Race. Thirdly, the very appearance of the large pessary gives the woman the idea of a lack of normal conditions.

In my opinion the Ramses and Mensinga are in no way superior to the French pessary. I feel especially the importance of emphasizing the fact that the French pessary fills all the requirements because the Ramses and Mensinga are practically unobtainable in the United States. Even if such were not the case, I would still hold to my opinion. As matters stand it is almost a blessing to women in our country that the pessary most easily obtainable, the French pessary, is reliable, safe, easily introduced and harmless.

The latter consists of a circular cap (A) with perforations, attached to a wire spring (B), which is about an inch long and ends in two prongs in the shape of a wishbone. Physicians charge from twenty-five dollars up for the pessary and its insertion. Some people have been known to pay as high as one hundred dollars.

To insert this pessary the prongs are covered (and thus kept tight together) by a gelatinous capsule. After insertion into the neck of the uterus the capsule is dissolved by the body heat and the prongs of the wishbone are released. They spread out and press into the flesh of the inner part of the neck of the uterus. This pressure keeps the apparatus in position, but it brings about irritation likely to lead to inflammatory conditions and possibly cancer.

Why this method prevents conception is not quite clear, possibly it is due to the continual irritation of the uterus. Facts prove that this apparatus is not as safe as is claimed. Many cases are now on record where pregnancy took place in spite of the spring pessary. It must be inserted by a physician, and remains in position until a physician removes it. Many women claim no annoyance with this method; others suffer agony. Some cases are known in which the husband complained.

If not removed for about four to five months the spring wire works itself deep into the flesh of the womb. The lining covering the inner part of the cervix grows around and in between the coils of the spring. When this happens the device loses its effectiveness. To prevent such assimilation it becomes necessary to remove the pessary at least every few months. If it is retained for about one year, its removal brings on quite a discharge of blood and tissue.

To prevent serious consequences this apparatus must be removed and re-inserted at intervals of at least every two months.

This device is popular. Its high price seems to impress women. They think at such a cost they are surely getting "the

best". The fact that neither man nor woman participates in any preparation is of course in its favor.

The use of this pessary is highly undesirable. It is very dangerous and is effective only through its harmful action. If it irritates, it gives prevention; if it does not irritate, it does not work. Above I have given suggestions which may be followed by those who persist in using an inferior method of Birth Control.

SUMMARY OF METHODS

Reviewing the many methods in use, we find that only a few are reliable. My experience convinces me that *absolute* safety can be obtained only by the use of combinations of methods. Single methods by themselves are not reliable.

Reliable Methods.

1. Rubber pessary combined with paste.
2. Rubber pessary combined with douching.
3. Rubber pessary combined with paste and douching.
4. Condoms combined with paste.
5. Coitus interruptus combined with paste or douching.

Partially Reliable Methods.

1. Sponges (large), especially when soaked in antiseptics.
2. Condoms.
3. Chemicals (suppositories, pastes, tablets, etc.).
4. Gold spring wire pessary (wishbone).

Unreliable Methods.

1. Coitus interruptus.
2. Douching.

(Wherever paste cannot be obtained, suppositories may be substituted.)

The best method of prevention is the pessary combined with paste or with douching or both. It satisfies all the conditions named earlier in the book: namely safety, health, normal relation and simplicity. It also allows of the absorption of the spermatic fluid.

Only if a pessary cannot be obtained should condom with

paste be used. (In case paste is unobtainable a suppository may be used.) The condom is objectionable for the reason given before (see page 11). Its use should only be temporary. Coitus Interruptus with paste and douching is reliable but because of its harmful influence upon health should only be used temporarily until a pessary is obtained.

Paste ought to be considered as a supplementary aid in every case.

A combination of two methods seems at first quite cumbersome. In reality it is not. A pessary with paste in its cup is introduced a few hours before coitus, and its presence is not noticed. The paste is again used immediately after coitus, and its use is simplicity itself. The douche is a little more bothersome, but can either be replaced by the paste, or postponed to a convenient time.

FOR NEWLYWEDS

The case of newlyweds must be considered separately. The hymen prevents the use of a pessary. The paste applied through a vaginal nozzle is the best method. It is much better than suppositories, for the young woman can more easily get used to handling a vaginal nozzle than a suppository. Complete safety requires that the paste be combined with condoms or coitus interruptus. This method should be changed to a well-fitting rubber pessary as soon as the vagina is sufficiently dilated, usually one or two months after marriage.

PREVENTION OF CONCEPTION IN RELATION TO THE TIME OF MENSTRUATION

Is there a certain time of the month when conception is impossible? Investigations made on ten thousand German soldiers and their wives during the war revealed that fewer conceptions take place in the ten days previous to menstruation, and that more take place in the ten days after menstruation, but that at no time does absolute safety from conception occur.

NURSING MOTHERS AND STERILITY

Nursing mothers show a smaller percentage of conceptions, but conception often takes place even in the second month after delivery. Women should, therefore, use protective methods during the nursing period also.

STERILIZATION

I have not considered this method of Birth Control, because I am writing for those who desire fewer children, not for those desiring none. This method, by the use of surgical or other means, renders the person incapable of being a parent. This is only advisable in cases of hereditary or congenital diseases, or in cases where pregnancy would endanger the life of the woman, as in repeated Cesarean deliveries.

DELAYED MENSES

The question of delayed menses does not come within the province of this pamphlet, but it is important to state that many women are occasionally irregular and have their menstruation delayed for five or six days. Delayed menses does not always mean pregnancy, it may be due to a cold, congestion or other causes. The majority of women who try to avoid pregnancy after a few days' delay begin to fill themselves with ergot and all kinds of emmenagogues; they torture themselves with hot douches and baths, and not infrequently suffer dire results. In such cases, it is best to use remedies which regulate menstruation. I have found that plain Viburnum or Helonin (both obtainable at drug stores) bring on the menses within a few days. A good cathartic, and a small dose of sodium bromide to relieve the nervous tension is often helpful. Ergot, emmenagogues, and hot baths will quite often delay the menses instead of bringing them on. In cases of pregnancy the above drugs will be of no avail.

FINAL WORD

We have not yet attained the ideal method. Perhaps some day the "magic potion" that will place birth control in the hands of the parents will be discovered. Many investigations are now being made by physicians and biologists, despite government stupidity.

The methods at hand are a bit troublesome, they give some discomfort, but if methodically and faithfully used, they assure *safety* with little expenditure of energy, certainly with less work and responsibility than is inflicted by undesirable motherhood.

GLOSSARY

Anus—Outlet of the back passage.

Cervix—The lower part of the uterus, which contains the opening into the uterus.

Clitoris—The undeveloped penis in women. It is situated above the entrance to the bladder. It consists of erectile tissue, and is supposed to be sexually the most sensitive part of woman's sex organs.

Coitus—The sex act; copulation.

Coitus Interruptus—Coitus that is interrupted. The male organ is withdrawn from the vagina before the ejaculation of the seminal fluid.

Copulation—The sex act; coitus.

Embryo—The undeveloped baby in its first stages.

Ejaculation—The discharge of the seminal fluid.

Hymen—A thin mucous membrane almost covering the entrance into the vagina in virgins.

Impregnation—Union of the two cells, the spermatozoa and the ovum.

Labia—Folds of skin.

Mucous Membrane—The moist, glandular lining of the cavities of the human body (lining of the mouth for example). This membrane absorbs chemicals much more quickly than the skin of the body.

Ovaries—Almond shaped glands situated at the ends of the tubes. They produce the ovum (egg).

Ovum—The microscopically small cell formed in the ovary, which contains all the physical and spiritual characteristics of the mother. This cell uniting with the spermatozoa forms the embryo developing into the baby.

Penis—Male organ of copulation (the sex act).

Seminal Fluid—The fluid man discharges during coitus. It contains millions of spermatozoa.

Spermatozoa—The microscopically small cells found in the seminal discharge of the male. These impregnate the ovum of the female to form the child. They contain all the characteristics of the father.

Sterility of Man—Barrenness in man, where the seminal fluid contains no active spermatozoa. This may be due to a diseased condition of the testicles, or to the clogging or tying of canal through which the semen is propelled into the penis.

Sterility of Woman—A condition where no ovum comes into the tube or uterus. This may be the result of a diseased condition of the ovaries or to the clogging or tying up of the tubes.

Testicles—The male glands that produce the spermatozoa.

Tubes (Fallopian Tubes)—Two narrow canals leading from the uterus to the ovaries.

Uterus (Womb)—A small muscular bag where the impregnated ovum develops into an embryo and then into a baby. During pregnancy the muscular bag grows along with the baby and serves as its cover and protection.

Vagina—The canal that forms the passageway between the external and internal sex organs, the vulva and the uterus. It serves for copulation (the sex act).

Vulva—The external part of woman's sex organs. It surrounds and protects the entrance to the vagina. It comprises the small and large labia and the clitoris, the openings into the bladder and vagina.